MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318 1003 -62-044007

Registration District No. SL-29082 Primary Registration District No. XC-11 722002 Registrar's No. 10692 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

FILED NOV 19 1962

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF

BY AFFIDAVIT OF DOCUMENT

a. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY OSAGE

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI
Length of stay in 1b: 92 DAYS
c. CITY OR TOWN CHAMOIS
Inside Limits: Yes X No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, 915 N. GRAND AVE.
Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print) First WILLIAM Middle W. Last BRANSON
4. DATE OF DEATH Month 11/6/62 Day Year

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married X ☐ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9/18/26
9. AGE (last birthday): 36
IF UNDER 1 YEAR Months / Days — IF UNDER 24 HR Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): FREEDOM, MISSOURI
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: HADE BRANSON
13b. MOTHER'S MAIDEN NAME: VIOLA OWENS
14. NAME OF HUSBAND OR WIFE: GERALDINE BRANSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW-II
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT Address: GERALDINE BRANSON (WIDOW) SEE #2

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	HYPOTENSION	24 HOURS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	GASTROINTESTINAL BLEEDING	2 WEEKS
DUE TO (c)	RETICULUM CELL SARCOMA 200.0	6 MONTHS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES X NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended VA the deceased from 8/6/62 to 11/6/62 and last saw him alive on 11/6/62
Death occurred at 11:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Paul Beck PAUL BECK M.D.
22b. ADDRESS: VAH, ST. LOUIS, MO.
22c. DATE SIGNED: 11/6/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 11-7-62
23c. NAME OF CEMETERY OR CREMATORY:
23d. LOCATION (City, town, or county) (State): Linn, Mo.

24. FUNERAL DIRECTOR ADDRESS: Morton Funeral Home, Linn, Mo.
25. DATE RECD. BY LOCAL REG.: NOV 7 1962
26. REGISTRAR'S SIGNATURE: Noah Smith, M.D.

NOV 19 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Harvey Kahle

Licensed Embalmer No. 4596

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.